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CONFIRMATION NO. 2228

SERIAL NUMBER 10/817,055	FILING DATE 04/02/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. HOARAU-01
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APPLICANTS

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** CONTINUING DATA *****
None cos

** FOREIGN APPLICATIONS *****
None cos

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
Examiner's Signature *CSH/kes* Initials *cos*

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TITLE
Intraoral data input tool

FILING FEE RECEIVED 617	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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